M 502017

FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

SECRETARY OF THE SENATE

15 JUN 17 PM 2: 23

	Tot An Authorized Committee		Office Use Only	
NAME OF TYPE COMMITTEE (in full)	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
BRIGHT FOR US SENATE				1
<u> </u>				
.20	POV 57494 & 3-1/2			
ADDRESS (number and street)	вох энн 3743			
Check if different				
than previously GRI reported. (ACC)	EENVILLE		SC 2960	18, 1-1, 1
2. FEC IDENTIFICATION NUMBER	R▼ CIT	^	STATE A	ZIP CODE
C C00548339	3. IS TH	IS 35. NEW	Y AMENDED	STATE ▼ DISTRICT
And the second s	REPO	RT (N) OR	(A)	
4. TYPE OF REPORT (Choose O (a) Quarterly Reports: April 15 Quarterly Report ((b) 12-Day	PRE-Election Report for the: Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Repo		on on		in the State of
January 31 Year-End Repo	ort (YE) (c) 30-Day	POST-Election Report for the	9 €178	C
Termination Report (TER)	Electio	General (30G) on on 11 04	Runoff (30R) 2014	in the State of
5. Covering Period . 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	D Y Y O1 2014	through 12	30 1	2014 (1900)
I certify that I have examined this Report Type or Print Name of Treasurer Chr	ort and to the best of i	my knowledge and belief it is	true, correct and com	plete.
Signature of Treasurer , Christopher	M Sullivan CVS	IM	Date 05	26/20/5
NOTE: Submission of false, erroneous, or	r incomplete information	may subject the person signing	this Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 Revised 02/2003)